

Payment Request Form

Organization Name: _____

Address: _____

City, State, Zip: _____

Name of Event/Project: _____

Date(s) of Event/Project: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Amount Awarded: _____

I, _____ hereby request the release of funds listed above.
(Designated authority of organization)

Signature: _____

Date: _____

Mail To:

Youth and Ag Center
916 Elm Street
P.O. Box 31
Lancaster, WI 53813

For Questions:

UW Extension Grant County
Todd Johnson , Community Resource Development Agent
(608) 723-2125, todd.johnson@ces.uwex.edu